

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/595837

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
8		1				
9		1				
10		1				
11		1				
12		1				
13		1				
14		1				
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18		1				
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30		1				
31		1				
32		1				
33		1				
34		1				
35		1				
36		1				
37		1				
38		1				
39		1				
40		1				
41		1				
42		1				
43		1				
44		1				
45		1				
46		1				
47		1				
48		1				
49		1				
50		1				
TOTAL IND.		1		1		1
TOTAL DEP.		1		1		1
TOTAL CLAIMS						

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	1					
52		1				
53		1				
54		1				
55		1				
56		1				
57		1				
58		1				
59		1				
60		1				
61		1				
62		1				
63		1				
64		1				
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92		1				
93		1				
94		1				
95		1				
96		1				
97		1				
98		1				
99		1				
100		1				
TOTAL IND.		1		1		1
TOTAL DEP.		1		1		1
TOTAL CLAIMS						

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FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
101			0			
102			0			
103			0			
104			0			
105			0			
106			0			
107			0			
108			0			
109			0			
110			0			
111			0			
112			0			
113			0			
114			1			
115			1			
116			1			
117			1			
118			1			
119			1			
120			1			
121			1			
122			1			
123			1			
124			1			
125			1			
126			1			
127			1			
128			1			
129			1			
130			1			
131			1			
132			1			
133			1			
134			1			
135			1			
136			1			
137			1			
138			1			
139			1			
140			1			
141			1			
142			1			
143			1			
144			1			
145			1			
146			1			
147			1			
148			1			
149			1			
150			1			
TOTAL IND.			3			
TOTAL DEP.			58			
TOTAL CLAIMS			61			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
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95						
96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						